

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 12, 2017


Ms. Janine Paradee, Administrator
East Terrace Home (RCH)
71 East Terrace
South Burlington, VT 05403-6145

Dear Ms. Paradee:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on December 6, 2016. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,



Pamela M. Cota, RN
Licensing Chief



Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2016
NAME OF PROVIDER OR SUPPLIER EAST TERRACE HOME (RCH)		STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on site investigation was conducted by the Division of Licensing & Protection on 12/6/16. The following regulatory deficiencies were identified during the investigation:	R100	Please see attached Plans of Correction.	
R101 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.1. Eligibility 5.1.a The licensee shall not accept or retain as a resident any individual who meets level of care eligibility for nursing home admission, or who otherwise has care needs which exceed what the home is able to safely and appropriately provide. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the facility did not retain a resident (Resident #1) who meets level of care eligibility for nursing home admission. Findings include: Per record review and staff interview Resident #1 (R#1) uses a CPAP (Continuous Positive Airway Pressure) machine, has a Colostomy, a Suprapubic catheter with Medication Instillation and requires a two person transfer via a Hoyer Lift. In an interview the Senior Manager confirmed that there was no variance requested for R#1.	R101		
R104 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission	R104		

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

F13E11

If continuation sheet 1 of 7

R101 - R313 POCs accepted 1/12/17 mthlgmsrnl/pml

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/06/2016
NAME OF PROVIDER OR SUPPLIER EAST TERRACE HOME (RCH)			STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R104	<p>Continued From page 1</p> <p>5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.</p> <p>(1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate, the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that the resident or their legal representative was provided with a written</p>	R104			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/06/2016
NAME OF PROVIDER OR SUPPLIER EAST TERRACE HOME (RCH)			STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R104	Continued From page 2 admission agreement that specifies the resident's transfer and discharge rights. Findings include: Per record review and staff interview the current Admission Agreement does not contain any information regarding involuntary discharges, notice and appeals rights. In an interview on 12/6/16 the Senior Manager confirmed that the required language is not found in the provided Admission Agreement.	R104			
R158 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9 Level of Care and Nursing Services 5.9.d. (2) If a resident requires skilled nursing services from a home health agency because the home cannot provide the services and the services will continue for more than sixty (60) days, the home must request a variance in writing from the licensing agency to retain the resident. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that there was a variance requested, in writing, from the licensing agency to retain a resident (Resident #1) requiring skilled nursing services from a Home Health agency for more than 60 days and with extensive medical needs. Findings include: Per record review and staff interview Resident #1 (R#1) has Home Health services for PT/INR checks weekly and more often. Additionally the resident has a CPAP (Continuous Positive Airway Pressure) machine, a Colostomy, and a	R158			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2016
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

EAST TERRACE HOME (RCH)

71 EAST TERRACE

SOUTH BURLINGTON, VT 05403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R158	Continued From page 3 Suprapubic catheter with Medication Instillation. In an interview the Senior Manager confirmed that there was no variance requested for R#1.	R158		
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to assure that there were 12 hours of	R179		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/06/2016
NAME OF PROVIDER OR SUPPLIER EAST TERRACE HOME (RCH)		STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R179	Continued From page 4 training each year for each staff person providing direct care to residents. Findings include: Per record review there has not been a Emergency Action/ First Aid training provided to direct care staff since January of 2015. Additionally there is no documentation of staff training regarding special care procedures, such as assisting with and care of a CPAP machine, Installation of Medication into a Suprapubic Catheter, and use of a Hoyer lift. This was confirmed by the Senior Manager in an interview on the afternoon of 12/6/16.	R179		
R187 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (1) A resident register including all discharges, transfers out of the home and admissions. This REQUIREMENT is not met as evidenced by: Based on record review the facility failed to assure that there was a resident register including all discharges, transfers out of the home and admissions available. Findings include: Per interview on 12/6/16 the Senior Manager confirmed that the facility did not keep a resident register as required by regulations.	R187		
R221 SS=B	VI. RESIDENTS' RIGHTS 6.7 Residents may manage their own personal finances. The home or licensee shall not manage	R221		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/06/2016
NAME OF PROVIDER OR SUPPLIER EAST TERRACE HOME (RCH)			STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R221	Continued From page 5 a resident's finances unless requested in writing by the resident and then in accordance with the resident's wishes. The home or licensee shall keep a record of all transactions and make the record available, upon request, to the resident or legal representative, and shall provide the resident with an accounting of all transactions at least quarterly. Resident funds must be kept separate from other accounts or funds of the home. This REQUIREMENT is not met as evidenced by: Based on staff interviews the facility failed to assure that the facility does not manage resident's finances unless requested in writing by the resident or their representative for 3 of 3 residents in the sample. Findings include: Per interview with the Senior manager, the facility does manage personal funds accounts for residents and there are no letters containing the required information signed by the resident or their representative available.	R221			
R313 SS=B	XI. RESIDENT FUNDS AND PROPERTY 11.1 A resident's money and other valuables shall be in the control of the resident, except where there is a guardian, attorney in fact (power of attorney), or representative payee who requests otherwise. The home may manage the resident's finances only upon the written request of the resident. There shall be a written agreement stating the assistance requested, the terms of same, the funds or property and persons involved.	R313			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0608	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/06/2016
NAME OF PROVIDER OR SUPPLIER EAST TERRACE HOME (RCH)			STREET ADDRESS, CITY, STATE, ZIP CODE 71 EAST TERRACE SOUTH BURLINGTON, VT 05403		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R313	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on staff interviews the facility failed to assure that the facility does not manage resident's finances unless requested in writing by the resident or their representative for 3 of 3 residents in the sample. Findings include: Per interview with the Senior manager the facility does manage personal funds accounts for residents and there are no letters containing the required information signed by the resident or their representative available.	R313			

JAN 06 2017

~~0107 00 NVC~~



**HOWARD
CENTER**
Help is here.

Pamela M. Cota, RN
Licensing Chief
Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 054671-2306

December 29, 2016

Dear Ms. Cota:

Listed below are the plans of correction for each deficiency cited in the re-licensing survey at East Terrace Group Home, 71 East Terrace RCH of Howard Center Developmental Services that took place on December 6, 2016.

R101 V. Resident Care and Home Services

5.1.a Eligibility

1. A request for a Level of Care Variance has been submitted to the Division of Licensing and protection to allow Resident #1 to remain in the home. East Terrace has nursing and trained staff on site that is able to perform necessary care that the resident requires. To ensure that deficient practices do not recur the Residential Manager for East Terrace, Janine Paradee, will review all nursing supports for residents with the house nurse to ensure that residents needs do not exceed what is allowed within the home under the current licensing level. Appropriate variances will be requested as needed for such residents. Corrective action will be completed upon receipt of the Level of Care response from licensing.

R104 V. Resident Care and Home Services

5.1 Admission

1. Senior Manager for East Terrace group home has updated the admissions agreement that is provided to and signed by residents and their guardians upon admission. The new admissions agreement states all necessary information regarding resident's rights around transfer and discharge rights. All residents and their legal representatives have been notified of the change and have read and signed new admissions agreements. To ensure that deficient practices do not recur East Terrace Senior Manager, has updated the admission agreement to contain all necessary aspects as outlined in the guidelines for Residential Care Homes and any future admissions into the home will be provided the new agreement. Corrective action has been completed.

R158 V. Resident Care and Home Services

5.9 Level of Care and Nursing Services

1. Senior Manager for East Terrace group home has submitted a written request for a Level of Care Variance for Resident #1 to remain in the home and continue to

102 South Winooski Avenue, Burlington, VT 05401
T: 802.488.6500 | F: 802.488.6501

HowardCenter.org

Member Agency of United Way of Chittenden County

receive Home Health Services for INR level checks every other week. East Terrace as two nurses on staff that do frequent trainings and supervision of staff around all specialized care procedures that Resident #1 requires. The Nursing staff as well as the resident's guardian and physician agree that the resident should remain within the home. To ensure that deficient practices do not recur East Terrace Resident Manager will work with nursing staff to ensure that all resident medical needs are reviewed against the Residential Care Home guidelines to ensure that future variance requests are submitted in a timelier manner. Corrective action will be completed upon receipt of the Level of Care response from Licensing.

R179 V. Residential Care and Home Services

5.11.b Staff Services

1. East Terrace Group Home Residential Instructors will be trained on CPR/First aid and emergency response on January 25, 2017. Enclosed is documentation that all staff have been trained on special care procedures for the installation of Medication into a Suprapubic Catheter. This documentation was available at the time of the review and was missed. Additionally, all staff have been trained again on all specialized care procedures since the time of this survey. To ensure that deficient practices do not recur the Residential Manager for East Terrace, Janine Paradee, will review all staff training recorded to assure that they are up to date. The training data base that East Terrace utilizes per Howard Center will be updated to also include all Special Care procedure trainings as well as Hoyer trainings. This will ensure that all 12 hours of staff trainings are visible in one location to ensure easy review of the training records. Corrective action will be completed by January 25, 2017 when all staff attend CPR/First Aid during a staff meeting.

R187 V. Resident Care and Home Services

5.12.b.

1. A written resident register to track admissions, transfers and discharges has been created. East Terrace does keep track of all admissions and transfers and discharges via our electronic bed management system. This system allows the Residential Manager the ability to document when a resident is admitted into the hospital or another facility and to track when they return back into East Terrace. There have been no discharges from the program in the last 6 years. The new paper resident register will be posted and available for review. To ensure that deficient practices do not recur the Residential Manager will keep the new register as well as the electronic bed management system up to date. Corrective action is completed.

R221 VI. Resident's Rights

6.7

1. East Terrace has received written permission from all Residents and their legal guardians to manage resident's finances per the Residential Care Home guidelines. To ensure that deficient practices do not recur the Residential Manager will ensure

that all future admissions and their representatives are provided information on how to request that East Terrace manages their personal funds. Corrective action has been completed.

R313 XI. Resident Funds and Property

11.1

1. East Terrace has received written permission from all Residents and their legal guardians to manage resident's finances per the Residential Care Home guidelines. To ensure that deficient practices do not recur the Residential Manager will ensure that all future admissions and their representatives are provided information on how to request that East Terrace manages their personal funds. Corrective action has been completed.

Please feel free to contact me with any questions or comments.

Sincerely,



Christine Rainville
Senior Manager, East Terrace
Howard Center
102 South Winooski Ave
Burlington, VT 05401
(802) 488-6515
christiner@howardcenter.org